

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW MEXICO

AIMEE BEVAN, as Personal Representative of the Estate  
of Desiree Gonzales, deceased,

Plaintiff,

vs. NO: 1:15-CV-00073-KG-SCY

SANTA FE COUNTY, MARK GALLEGOS, Deputy Warden/Acting  
Youth Development Administrator, in his official and  
individual capacities, GABRIEL VALENCIA, Youth  
Development Administrator, Individually, MATTHEW  
EDMUNDS, Corrections Officer, Individually, JOHN  
ORTEGA, Corrections Officer, MOLLY ARCHULETA,  
Corrections Nurse, Individually, ST. VINCENT HOSPITAL  
and NATHAN PAUL UNKEFER, M.D.,

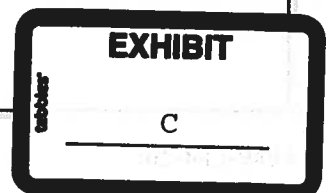
Defendants.

DEPOSITION OF KERRI CRADDOCK, R.N.  
May 28, 2015  
2:03 p.m.  
218 Montezuma Avenue  
Santa Fe, New Mexico

PURSUANT TO THE FEDERAL RULES OF CIVIL  
PROCEDURE, this deposition was:

TAKEN BY: MR. LEE R. HUNT  
Attorney For Plaintiff

REPORTED BY: Arlette McClain, CCR #85  
Bean & Associates, Inc.  
Professional Court Reporting Service  
201 Third Street, Northwest, Suite 1630  
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(3020L-AM)



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1 Q. Did you understand that the patient had  
2 been found in the community, essentially, comatose?

3 A. Yes.

4 Q. And did you understand that she had  
5 received multiple doses of Narcan in the field?

6 A. I knew she had received Narcan. I did not  
7 know the amount.

8 Q. When you said, yes, you understand she had  
9 been, essentially, comatose in the field. What did  
10 you understand about that?

11 A. The monitor tech told me, EMS is bringing a  
12 heroin overdose that was found unresponsive in the  
13 field, and had Narcan administered, and is now alert  
14 and oriented.

15 Q. When you learned that this was a patient  
16 who had been found unresponsive in the field, who  
17 needed Narcan, and then became responsive after  
18 receiving the Narcan, did you understand that to be a  
19 serious drug overdose?

20 MR. TAYLOR: Form and foundation.

21 MS. SAFARIK: Join.

22 A. I understood it to be a drug overdose. I  
23 wouldn't clarify whether it was serious or not until  
24 I could lay eyes on the patient.

25 Q. There is a difference in a drug overdose

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1 field, was found not breathing and needed Narcan to  
2 be brought back around, and needed multiple doses of  
3 Narcan to be brought back around, would that be  
4 something you would consider as a serious overdose?

5 MR. TAYLOR: Form. Foundation.

6 MS. SAFARIK: Form.

7 A. I think that varies amongst your nursing  
8 triage. I would say yes, because of the  
9 unresponsiveness at the beginning, but I think that  
10 varies when the patient comes through the door,  
11 whether you would still consider that serious.

12 Q. And by the time the patient, meaning at  
13 triage, which is when you first saw Desiree Gonzales;  
14 is that right?

15 A. Correct.

16 Q. And at the time you saw her, she was -- it  
17 had been after the Narcan, she was breathing on her  
18 own, she was alert, she was talking -- she was doing  
19 those things at that time, correct?

20 A. Correct.

21 Q. So she was in a very different condition  
22 when she saw you, versus when the EMS arrived on the  
23 scene?

24 A. Correct.

25 MR. TAYLOR: Foundation.

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1 between a drug overdose with a patient who is found  
2 essentially comatose, versus one who is brought in  
3 that was alert and breathing on their own, isn't  
4 there?

5 MR. TAYLOR: Form and foundation.

6 MS. SAFARIK: Join.

7 A. There is. And if a person was alert and  
8 oriented it would not be called a drug overdose and  
9 would not receive Narcan.

10 Q. You understood that the drug overdose was  
11 serious enough that the, one, the patient was  
12 comatose?

13 A. Yes.

14 Q. And, two, the patient needed Narcan to be  
15 revived; is that right?

16 A. Correct.

17 Q. And the question has been asked to other  
18 folks, and it doesn't mean anything on you, but of  
19 whether or not this was understood to be a serious  
20 drug overdose at the time Desiree Gonzales got to the  
21 emergency department. Those other folks said, based  
22 on the fact she was comatose and needed Narcan to be  
23 revived, they considered it a serious overdose.

24 I guess I just want to ask you that. If,  
25 in fact, Desiree Gonzales was unresponsive in the

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1 Q. When did you first see Desiree Gonzales?

2 A. I saw her as she came through the door of  
3 the EMS bay, and they followed me into the room.

4 Q. Did you take her straight to a room?

5 A. Yes.

6 Q. And did you talk to the EMS folks?

7 A. Yes. They gave me a report.

8 Q. What did they tell you about her condition?

9 A. That she was found unresponsive, had been  
10 administered Narcan once intranasally, and then the  
11 second time intravenously, and was now alert and  
12 oriented, and that she had vomited.

13 Q. Did you see her vomit?

14 A. I did see her vomit. She vomited in the  
15 room.

16 Q. And there was a note, I think it was from  
17 Dr. Unkefer, of vomiting three times in the ER?

18 A. She vomited quite a bit.

19 Q. What did the EMS folks tell you about how  
20 she was when they found her?

21 A. The only thing that I can recall is that  
22 they said she was unresponsive.

23 Q. And in your language -- in the language of  
24 talking with the EMS folks, "unresponsive" means  
25 what?

1 A. Not responding to verbal stimuli or  
2 physical stimuli.

3 Q. Did you have an understanding of whether or  
4 not she was breathing when they found her?

5 A. They said she was blue.

6 Q. Based upon what you understood from the EMS  
7 providers giving you the information, was it -- would  
8 it be fair to say Desiree Gonzales was in a  
9 condition, initially, that without the Narcan,  
10 without medical intervention, she may not have  
11 survived?

12 MR. TAYLOR: Form and foundation.

13 MS. SAFARIK: Join.

14 Q. Do you know one way or the other?

15 A. It's quite possible.

16 Q. When you first spoke with Desiree Gonzales,  
17 tell me about that?

18 A. I was triaging her, so I was having to ask  
19 her the triage questions that are a structured  
20 questionnaire that we have to ask. So I was asking  
21 her about her allergy status, if she had any medical  
22 conditions, and her height and weight -- we were  
23 trying to estimate that. She was vomiting, so we  
24 took off her top to put her in a gown. She was very  
25 agitated. She did not want to be there. She was

1 physical with the staff.

2 Q. In asking her questions about allergies,  
3 did she answer your question?

4 A. Yes.

5 Q. In your documentation -- let me back up.  
6 When you were in there getting the initial assessment  
7 of Desiree, initial triage, and I think you said that  
8 Dr. Unkefer was also in the room; is that right?

9 A. Yes.

10 Q. Was Dr. Unkefer's scribe also in the room?

11 A. I can't recall.

12 Q. Was anybody else in the room other than you  
13 and Dr. Unkefer at that time?

14 A. There was a Nurse Russel that was in the  
15 room.

16 Q. And what was Russel's role at that time?

17 A. He was helping to get the patient  
18 undressed, and trying to help calm the patient.

19 Q. During that initial triage, did the  
20 patient -- did you put her in a gown?

21 A. We put her in a gown, and we placed her on  
22 the monitor.

23 Q. And to put her in a gown, I guess you took  
24 off whatever clothes she had on?

25 A. I believe we took off her top and put her

1 uncooperative, and had ripped out her IV.

2 Q. And let's talk about that for a minute.  
3 When she first got to the emergency department, were  
4 the police present?

5 A. No.

6 Q. When did the police get there?

7 A. I don't know the answer to that.

8 Q. Were you still working with Desiree when  
9 the police arrived?

10 A. No.

11 Q. You worked with her, obviously, in triage.  
12 Did you work with her after triage?

13 A. No.

14 Q. And when you were asking her the questions  
15 that you described, was Dr. Unkefer there with you?

16 A. Yes.

17 Q. At any time did -- you described, kind of,  
18 that she was agitated -- one, I guess she was  
19 throwing up; is that right?

20 A. Yes.

21 Q. At any time did she push you or push your  
22 hands away, or slap your hands, or anything like  
23 that?

24 A. She was never physically combative. She  
25 did try to get up off of the bed, but she was never

1 in a gown. We did not take her pants off.

2 Q. Do you know if during the initial  
3 hospitalization, if at any time the pants that she  
4 had on, if those were taken off of her?

5 A. I do not know.

6 Q. Did anybody do any search of Desiree during  
7 the initial hospitalization to see if she had drugs  
8 in her pockets or in her shirt, or anything like  
9 that?

10 MR. TAYLOR: Foundation.

11 A. I do not know. And as nurses, we usually  
12 do not search the patients.

13 Q. Did you help her take off the top?

14 A. I believe Russel and I both did, yes.

15 Q. In talking with the EMS folks, did you have  
16 an understanding of how they found Desiree at the  
17 apartment complex where she was?

18 A. As mentioned before, I believe they just  
19 found her unresponsive.

20 Q. Do you know whether or not they found her  
21 in an ice bath?

22 MS. SAFARIK: Form. Foundation.

23 A. I do not.

24 Q. Did you ever become aware that at some  
25 point Desiree was given an ice bath when she was at

1 you know what that's based on?

2 MR. TAYLOR: Form and foundation.

3 MS. SAFARIK: Join.

4 A. I do not.

5 Q. And there's also -- this documentation is,  
6 as it says at the top, is 2040. There's another  
7 documentation. Have you seen your record where you  
8 documented, I think it is the Richmond Agitation  
9 Scale?

10 A. Yes. It's in here somewhere.

11 Q. And I think -- do you recall what your  
12 assessment was of -- on the Richmond scale?

13 A. I do. I recall that it was agitated.

14 Q. And, in fact, you, I think wrote, "three  
15 plus"?

16 A. I did not write "three plus." The way that  
17 scale is done is are boxes that you check, and it  
18 gives you a score based on what boxes you check. So  
19 I do not make up the three plus.

20 Q. So the three plus -- as I understand it,  
21 there is a scale, and from one to four -- do you  
22 understand, or is it one to five, or do you know?

23 A. I think it is one to five. I can't  
24 remember now.

25 Q. And whether or not a patient is one, two,

1 Richmond Agitation scale?

2 MR. TAYLOR: Form and foundation.

3 A. Yes.

4 Q. And the scale, as I understand it, lists  
5 three plus, and it uses the phrase out to the side of  
6 it, "very agitated." And one of the things under  
7 the description is "pulls to remove tubes"; is that  
8 right?

9 A. Correct.

10 Q. Based upon your interactions with Desiree  
11 Gonzales, one of the things that you likely would  
12 have checked is pulling, removing -- trying to remove  
13 IV tubes; is that right?

14 MS. SAFARIK: Form.

15 A. Correct.

16 Q. Based upon your interaction with Desiree  
17 Gonzales, is most likely reason that the computer  
18 generated a three plus on the agitation scale, is  
19 because you documented she was trying to remove IVs?

20 MR. TAYLOR: Form and foundation.

21 MS. SAFARIK: Join.

22 A. I can't recall. I think the scale that we  
23 have in the triage form is slightly different from  
24 this one. I believe, with me checking that the  
25 patient was vomiting and, yes, trying to remove

1 three, four, or something, that's based upon your  
2 filling out a -- on the computer system, checking  
3 boxes about the patient?

4 A. Correct.

5 Q. Based upon your understanding of the  
6 Richmond Agitation Scale, is three plus something  
7 more than slightly anxious?

8 A. I think it is variable, because the boxes  
9 are so set that there's no less or more, so you have  
10 to fall into a category. So I think that is a  
11 variable, plus three agitated.

12 Q. Okay. Hold on one second. I'm not  
13 checking e-mail. Let me show you what I think I'm  
14 showing you. And you tell me whether or not that is  
15 true, the Richmond Agitation Sedation Scale, and it  
16 shows, I guess from zero to four plus; is that right?

17 A. Uh-huh.

18 Q. Is that yes?

19 A. Yes.

20 Q. Have you seen something like this before,  
21 what you're looking at, meaning a table showing the  
22 Richmond Agitation scale?

23 A. I have.

24 Q. Does the scale that is in front of you  
25 appear to be an accurate representation of the

1 tubes, was partly how that came about, yes.

2 MR. TAYLOR: When you're done with that,  
3 can we look at it.

4 MR. HUNT: Yeah, of course. Why don't we  
5 take it out of the computer world, since we talked  
6 about it.

7 Arlette, I'll send it to you, and then we  
8 can attach it, so it doesn't disappear in space.

9 Q. (By Mr. Hunt) Going back to the agitation  
10 scale, if we could, and at any point was Desiree  
11 Gonzales screaming at you?

12 A. She was very tearful and did not want to be  
13 there. She wasn't screaming at staff, no.

14 Q. And I think earlier you said she was not  
15 combative?

16 A. She was not combative. She was trying to  
17 get off of the bed and leave. She was trying to pull  
18 her IV out. She was very upset about being there.

19 Q. And at any point was she spitting at  
20 people?

21 A. I do not remember any spitting.

22 Q. Was she cussing at you?

23 A. I can't recall the exact words used. I  
24 can't recall.

25 Q. As we sit her today, do you remember



1 **Desiree Gonzales cussing at you?**

2 A. No.

3 **Q. Do you remember her cussing at Dr. Unkefer?**

4 A. Not to my knowledge, no.

5 **Q. Did you observe Desiree Gonzales screaming**  
6 **at either you or Dr. Unkefer?**

7 A. Again, she wasn't screaming, but she did  
8 not want us removing her shirt, and was very agitated  
9 by us trying to put the monitor on.

10 **Q. When you were in the room with Dr. Unkefer,**  
11 **at any time did he tell you that he wanted to order**  
12 **Ativan for Desiree Gonzales?**

13 A. He did.

14 **Q. When did he tell you that?**

15 A. I don't recall the time. I just know it  
16 was at some point while the triage was occurring.

17 **Q. And so, was it a verbal order that he gave**  
18 **to you?**

19 A. Yes. Not a verbal order for me to  
20 administer it myself, but that we would be  
21 administering Ativan.

22 **Q. Did you take any action in that, meaning**  
23 **did you then go enter it into the system?**

24 A. I believe I entered it in the system, but I  
25 did not administer it.

1 **Do you understand that as well?**

2 A. Yes.

3 **Q. So if the Ativan was delivered IV, after**  
4 **the triage, Desiree had not pulled her IV out; is**  
5 **that true?**

6 A. That sounds like it would be true, yes.

7 **Q. As I understand, in your memory the ER**  
8 **staff did not insert an IV?**

9 A. Not while I was in the room. It could  
10 definitely have occurred after I left.

11 **Q. And the -- according to the MAR, it lists**  
12 **the order from Dr. Unkefer for the Ativan is**  
13 **documented as 2040.**

14 **Do you know how in the MAR, the time is**  
15 **entered for an order?**

16 A. There is a little -- there is a spot when  
17 inferring a medication that you can backtrack the  
18 time to the exact time that it was ordered.

19 **Q. And so in the record, if in the MAR it**  
20 **lists at 2040 the time the medication was ordered,**  
21 **and it lists Dr. Unkefer as the ordering physician,**  
22 **you have every reason to believe that is an accurate**  
23 **time, correct?**

24 A. Correct. If it's in the MAR, then most  
25 likely that is the time it was actually administered,

1 **Q. And what did you understand, or did you**  
2 **understand the purpose of giving Ativan to Desiree?**

3 MR. TAYLOR: Form.

4 MS. SAFARIK: Join.

5 A. The purpose of the Ativan was to calm her.  
6 She was very upset. She was trying to leave, and we  
7 wanted to calm her down. She was vomiting, so we  
8 wanted to get her at a more relaxed state.

9 **Q. Do you remember Dr. Unkefer or yourself**  
10 **talking to Desiree and telling her that you were**  
11 **going to give her Ativan?**

12 A. I do not remember.

13 **Q. Do you remember Dr. Unkefer having a**  
14 **discussion with Desiree, something to the effect of,**  
15 **"Desiree," or "Ms. Gonzales, we're going to give you**  
16 **a medication to help you calm down. It's called**  
17 **Ativan." Anything like that?**

18 A. I don't remember.

19 **Q. As we sit here now, do you remember any**  
20 **conversation where Dr. Unkefer told Desiree Gonzales**  
21 **that he was going to administer Ativan?**

22 A. Not to my knowledge.

23 **Q. And we can certainly look in the records,**  
24 **and I'm happy to do that if you would like, but my**  
25 **understanding is that the Ativan was delivered IV.**

1 and therefore that is why they changed the time at  
2 the top.

3 **Q. So on this, and maybe it is worth showing**  
4 **you.**

5 MR. TAYLOR: I have a copy handy.

6 MR. HUNT: I don't know that we need to  
7 mark it.

8 MR. TAYLOR: Page 48 of 53.

9 MR. HUNT: 47 and 48, actually. I'm  
10 looking at 47, but both would be helpful.

11 **Q. And do you have -- I'll mark as Exhibit 15**  
12 **page 47 and 48 of 53 of the initial ED record.**  
13 **(Exhibit 15 marked.)**

14 **Q. So looking at page 47, which is the first**  
15 **page of the exhibit, it lists the order time from**  
16 **Dr. Unkefer as 2040. Do you see that time?**

17 A. I do see that time.

18 **Q. And then it lists --**

19 MR. TAYLOR: I'm sorry, what page did you  
20 refer to, Lee?

21 MR. HUNT: I referred to page 47, the front  
22 page.

23 MR. TAYLOR: Sorry. I just want to make  
24 sure we're all looking at the same thing.

25 **Q. (By Mr. Hunt) Looking at page 47, it has**